



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C121082

1. DATE OF REPORT 3/26/2012	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE ATKINSON FOR CITY COUNCIL	
3. COMMITTEE MAILING ADDRESS 1614 SECRETERIAT DRIVE CITY / STATE / ZIP COLUMBIA MO 65202	4. COMMITTEE TELEPHONE NUMBER (573) 268-7998
5. TREASURER'S NAME SAM ATKINSON	
6. TREASURER'S MAILING ADDRESS 701 EAST CHERRY ST CITY / STATE / ZIP COLUMBIA MO 65201	7. TREASURER'S TELEPHONE NUMBER HOME: (573) 443-8222 WORK:
8. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER	
9. DEPUTY TREASURER'S MAILING ADDRESS CITY / STATE / ZIP	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: WORK:
11. DATE OF ELECTION 4/3/2012	12. TYPE OF ELECTION (CHECK ONE) <input type="radio"/> PRIMARY <input checked="" type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 2/27/2012 THROUGH 3/22/2012	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY MIKE ATKINSON 1614 SECRETERIAT DRIVE COLUMBIA MO 65202 (573) 268-7998 COUNCIL PERSON CITY OF COLUMBIA <input type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input checked="" type="checkbox"/> NON-PARTISAN	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input checked="" type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____
16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Mar 26 2012 2:37PM TREASURER'S SIGNATURE	17. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Mar 26 2012 2:37PM CANDIDATE'S SIGNATURE



Missouri Ethics Commission

REPORT SUMMARY

Instructions on Reverse Side

Name of Committee

ATKINSON FOR CITY
COUNCIL

Date of Report

3/26/2012

Office Use Only

Receipts	A. This Period	B. This Calendar Yr or Election Cycle	Statement of Beginning and Ending Financial Condition	
1. Total Receipts For This Election Previously Reported		\$ 0.00		
2. All Monetary Contributions Received This Period	\$ 3,615.00		Money On Hand	
3. All Loans Received This Period	+ 2,000.00			
4. Miscellaneous Receipts This Period	+ 0.00			
5. Subtotal Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 5,615.00		24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 0.00
6. In-kind Contributions Received This Period	+ 0.00		25. Monetary Receipts this Period (From Item 5 - this page)	+ 5,615.00
7. Total All Receipts This Period (Sum 5A + 6A)	\$ 5,615.00		26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) a) Disbursements By Check \$ 5,593.57 b) Disbursements By Cash \$ 0.00	- 5,593.57
8. Total All Receipts This Election (Sum 1B + 7A)		\$ 5,615.00	27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 21.43
Expenditures	A. This Period	B. This Calendar Yr or Election Cycle	Indebtedness	
9. Total Expenditures for this election previously reported		\$ 0.00	28. Outstanding Indebtedness at the beginning of this period	\$ 0.00
10. Expenditures made by cash or check this period	\$ 5,593.57		29. Loans Received This Period	+ 2,000.00
11. In-Kind Expenditures made this period	+ 0.00		30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 0.00
12. Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)	+ 0.00		B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00
13. Total All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)	\$ 5,593.57		31. Payments Made on Loans This Period	- 0.00
14. Total Expenditures This Election (Sum 9B + 13A)		\$ 5,593.57	32. Debt Forgiven on Loans This Period	- 0.00
Contributions Made	A. This Period	B. This Calendar Yr or Election Cycle	33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 0.00
15. Total Contributions Made For This Election Previously Reported		\$ 0.00	34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 2,000.00
16. All Contributions Made This Period (25A or 25B of CD3)	A 0.00 B 0.00	↔ Cash/Check ↔ Credit Card		
17. All In-Kind Contributions Made This Period	+ 0.00			
18. Total Contributions Made This Period (Sum 16A + 17A)	\$ 0.00			
19. Total All Contributions Made This Election (Sum 15B + 18A)		\$ 0.00		
Other Disbursements	A. This Period	B. This Calendar Yr or Election Cycle		
20. Funds Used For Paying Loans This Period Including Credit Card Payments	+ 0.00			
21. Payments This Period on Prev Reported Expend Incurred (Paid by Cash/Check Only)	+ 0.00			
22. Any Miscellaneous Disbursement Not Reported Elsewhere	+ 0.00			
23. Total Other Disbursements This Period (Sum 20A + 21A + 22A)	\$ 0.00			



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE ATKINSON FOR CITY COUNCIL		2. REPORT DATE 3/26/2012	
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME: ADDRESS: CITY / STATE: View Supplemental Form(s) EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0.00	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 3,105.00	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 3,105.00	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 3,105.00	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$ 0.00	
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A		\$ 460.00	
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0.00	
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 50.00	
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0.00	
C. LOANS RECEIVED			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
NAME: ADDRESS: CITY / STATE:			\$
NAME: ADDRESS: CITY / STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$ 0.00	
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$ 2,000.00	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ 2,000.00	
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 0.00	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 3,615.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 5,155.00	



MISSOURI ETHICS COMMISSION

CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE ATKINSON FOR CITY COUNCIL	DATE 3/26/2012
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Cletus Baurichter CITY/STATE: 3700 S. Lanoir St, APT 110 Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/1/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dick English CITY/STATE: 5155 Brock Rodgers Rd Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/1/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Steve Wise CITY/STATE: 3400 C.B. Lewis Rd. Columbia MO 65202 EMPLOYER: Self -- Appraisor <input type="checkbox"/> COMMITTEE:	3/1/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Robert McCall CITY/STATE: 14216 W 74th Ter. Shawnee KS 66216 EMPLOYER: Brotherhood Bank & Trust -- Bank President <input type="checkbox"/> COMMITTEE:	3/1/2012 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jim Marberry CITY/STATE: 1316 S. Victoria Ave. Columbia MO 65201 EMPLOYER: Marberry & Associates -- Accountant <input type="checkbox"/> COMMITTEE:	3/1/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jerry Kennett CITY/STATE: 4614 Copperstone Ct Columbia MO 65203 EMPLOYER: Missouri Cardiovascular Specialists -- Doctor <input type="checkbox"/> COMMITTEE:	3/1/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Nathan Wright CITY/STATE: 5107 Whitefish Dr. Columbia MO 65203 EMPLOYER: Darrough & Wright -- Attorney <input type="checkbox"/> COMMITTEE:	3/1/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Irvin Cockriel CITY/STATE: 1004 Bob-O-Link Dr. Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/1/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION

CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE ATKINSON FOR CITY COUNCIL	DATE 3/26/2012
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)		
NAME: ADDRESS: Doris Littrell CITY/STATE: 920 Timberhill Rd. Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/2/2012 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Colin Glennon CITY/STATE: 190 E. 7th Ave, Unit A-1 Durango CO 81301 EMPLOYER: Fort Lewis College -- Professor <input type="checkbox"/> COMMITTEE:	3/2/2012 \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jim Glennon CITY/STATE: 1004 Lakeshore Columbia MO 65201 EMPLOYER: Shelter Insurance <input type="checkbox"/> COMMITTEE:	3/2/2012 \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rene Rau CITY/STATE: 1004 Lakeshore Columbia MO 65201 EMPLOYER: University of Missouri <input type="checkbox"/> COMMITTEE:	3/2/2012 \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Tom Atkinson CITY/STATE: 1508 Kinloch Columbia MO 65203 EMPLOYER: Owner - Shiloh <input type="checkbox"/> COMMITTEE:	3/2/2012 \$ 95.00	\$ 95.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Terry Dykes CITY/STATE: 4760 E. Turkey Trail Dr. Columbia MO 65201 EMPLOYER: Shelter Insurance <input type="checkbox"/> COMMITTEE:	3/3/2012 \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Henry White CITY/STATE: 2814 Wild Plum Ct. Columbia MO 65201 EMPLOYER: retired <input type="checkbox"/> COMMITTEE:	3/3/2012 \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Patrick Hamilton CITY/STATE: 609 Sudbury Columbia MO 65203 EMPLOYER: TruBlue Logistics <input type="checkbox"/> COMMITTEE:	3/4/2012 \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE ATKINSON FOR CITY COUNCIL	DATE 3/26/2012
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Bill Sparkes CITY / STATE: 5606 Majestic Circle Columbia MO 65203 EMPLOYER: University of Missouri <input type="checkbox"/> COMMITTEE:	3/12/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Don Emery CITY / STATE: 1804 Muirfield Dr. Columbia MO 65203 EMPLOYER: Self -- Realtor <input type="checkbox"/> COMMITTEE:	3/12/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jake Smith CITY / STATE: 11765 Penmar Dr. Maryland Heights MO 63043 EMPLOYER: Colliers <input type="checkbox"/> COMMITTEE:	3/12/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Terry Atkinson CITY / STATE: 4701 Old HWY 40 Kingdom City MO 65262 EMPLOYER: Self -- Farmer <input type="checkbox"/> COMMITTEE:	3/13/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Fred Atkinson CITY / STATE: PO Box 16 Kingdom City MO 65262 EMPLOYER: Self -- Farm Services <input type="checkbox"/> COMMITTEE:	3/13/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mark Morgan CITY / STATE: 1809 Limerick LN Columbia MO 65203 EMPLOYER: University of Missouri -- Professor <input type="checkbox"/> COMMITTEE:	3/13/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ed Scott CITY / STATE: 7900 N. Rt. J Rocheport MO 65279 EMPLOYER: Self -- Developer <input type="checkbox"/> COMMITTEE:	3/19/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Chris Beckett CITY / STATE: 2275 Dozier Station Rd. Columbia MO 65202 EMPLOYER: University of Missouri <input type="checkbox"/> COMMITTEE:	3/19/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE ATKINSON FOR CITY COUNCIL	DATE 3/26/2012
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Tim Harlan CITY / STATE: 511 S. Glenwood Columbia MO 65203 EMPLOYER: Harlan Harlan Still -- Attorney <input type="checkbox"/> COMMITTEE:	3/19/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jack Rader CITY / STATE: 3326 Country Wood Rd. Columbia MO 65203 EMPLOYER: Self -- Bar/Land owner <input type="checkbox"/> COMMITTEE:	3/19/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Gregory Stevens CITY / STATE: 5109 Newbury Way Columbia MO 65203 EMPLOYER: Self -- Dentist <input type="checkbox"/> COMMITTEE:	3/19/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Patsy McCall CITY / STATE: 5811 Waterfront Drive Columbia MO 65202 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/19/2012 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Clay Bethune CITY / STATE: 301 Campusview Drive Columbia MO 65201 EMPLOYER: eNet Payroll Services <input type="checkbox"/> COMMITTEE:	3/7/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mitch Richards CITY / STATE: 707 Washington Ave. Columbia MO 65201 EMPLOYER: Show Me Language Services LLC <input type="checkbox"/> COMMITTEE:	3/7/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mike Smith CITY / STATE: 5211 S. Cowan Rd. Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/7/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Allan Moore CITY / STATE: 609 E. Broadway Columbia MO 65201 EMPLOYER: Moore & Shryock -- Appraisor <input type="checkbox"/> COMMITTEE:	3/7/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE ATKINSON FOR CITY COUNCIL	DATE 3/26/2012
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Blaine Snow CITY/STATE: 5650 N. Wilderness Way Columbia MO 65202 EMPLOYER: University of Missouri <input type="checkbox"/> COMMITTEE:	3/7/2012 ----- \$ 80.00	\$ 80.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Michael Pratt CITY/STATE: 5109 Vance Ct. Columbia MO 65203 EMPLOYER: Quinton's Bar & Deli <input type="checkbox"/> COMMITTEE:	3/7/2012 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: James Reed CITY/STATE: 4410 Ria Street Columbia MO 65202 EMPLOYER: Pump Top Network <input type="checkbox"/> COMMITTEE:	3/7/2012 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Lindsey Testerman CITY/STATE: 419 W. Walnut Street Columbia MO 65203 EMPLOYER: MidWest Computech <input type="checkbox"/> COMMITTEE:	3/7/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Clint Denney CITY/STATE: 7701 Cave Creek Road Columbia MO 65203 EMPLOYER: US Army <input type="checkbox"/> COMMITTEE:	3/7/2012 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Abahi Sivasailam CITY/STATE: 3517 LaMesa Drive Columbia MO 65201 EMPLOYER: Show Me Institute <input type="checkbox"/> COMMITTEE:	3/7/2012 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Brook Harlan CITY/STATE: 1120 W. Broadway Columbia MO 65201 EMPLOYER: Columbia Public Schools -- Culinary Instructor <input type="checkbox"/> COMMITTEE:	3/7/2012 ----- \$ 40.00	\$ 40.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Josh Kimbrough CITY/STATE: 8 Thistledown Drive Columbia MO 65203 EMPLOYER: Providence Urgent Care <input type="checkbox"/> COMMITTEE:	3/7/2012 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE ATKINSON FOR CITY COUNCIL	DATE 3/26/2012
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Christian Arment CITY / STATE: 1901 W. Rollins Rd. EMPLOYER: Columbia MO 65203 University of Missouri <input type="checkbox"/> COMMITTEE:	3/7/2012 ----- \$ 40.00	\$ 40.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS		<div style="border: 1px solid black; width: 100px; height: 20px; text-align: right; margin: 0 auto;">--</div>

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
FUND-RAISING STATEMENT

INSTRUCTIONS ON REVERSE SIDE

C121082

REPORT DATE

3/26/2012

STATEMENT OF FUND-RAISING ACTIVITY OR EVENT

1. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE FOR WHOM FUNDS WERE RAISED

ATKINSON FOR CITY COUNCIL
1614 SECRETERIAT DRIVE
COLUMBIA MO 65202

2. LOCATION OF ACTIVITY OR EVENT: NAME AND ADDRESS

Quinton's Bar & Deli
124 S. 9th Street
Columbia MO 65201

3. DESCRIPTION OF ACTIVITY OR EVENT AND FUND-RAISING METHODS USED:

Fundraiser hosted by downtown business owners. Drinks and chocolates were donated and served. A registration and donation table was set up to allow people to check in and get a name tag, and make donations.

4. DATE OF ACTIVITY OR EVENT

3/7/2012

6. NAME AND ADDRESS OF PERSON CONDUCTING ACTIVITY OR EVENT

Mike McClung
124 S. 9th Street
Columbia MO 65201

5. NUMBER OF PARTICIPANTS

45

RECEIPTS FROM ACTIVITY OR EVENT

7. AMOUNT

8. TOTAL CONTRIBUTIONS (\$100 OR LESS PER PERSON) FROM PERSONS WHOSE NAMES AND ADDRESSES COULD NOT BE OBTAINED

\$ 460.00

9. TOTAL CONTRIBUTIONS FROM PERSONS WHOSE NAME AND ADDRESSES ARE CONTAINED IN COMMITTEE RECORDS

\$ 1,810.00

10. GROSS RECEIPTS FROM ACTIVITY OR EVENT (SUM 8 AND 9)

\$ 2,270.00

11. EXPLAIN WHY NAMES AND ADDRESSES OF PERSONS CONTRIBUTING \$25 OR LESS COULD NOT BE OBTAINED

Donation bag, donors chose not to give their name.

12. INDIVIDUAL EXPENDITURES MADE FOR ACTIVITY OR EVENT

13. AMOUNT

Chocolates and Beverages were given as in kind donations

\$ 0.00

\$

\$

\$

14. TOTAL EXPENDITURES MADE FOR ACTIVITY OR EVENT

\$ 0.00



MISSOURI ETHICS COMMISSION
SUPPLEMENTAL LOAN INFORMATION

INSTRUCTIONS ON REVERSE SIDE

CHECK TYPE OF FORM

☒ LOAN RECEIVED

☐ LOAN REPAYMENT

OFFICE USE ONLY

NAME OF COMMITTEE

ATKINSON FOR CITY COUNCIL

REPORT DATE

3/26/2012

I. LOAN RECEIVED (LOAN OF MORE THAN \$100)

1. NAME AND ADDRESS OF LENDER

Mike Atkinson
1614 Secretariat Drive
Columbia MO 65202

2. NAME(S) AND ADDRESS(ES) OF PERSON(S) LIABLE FOR THE LOAN

Mike Atkinson
1614 Secretariat Drive
Columbia MO 65202

3. LOAN I.D. NUMBER (IF ANY)

4. DATE OF LOAN

3/9/2012

5. AMOUNT OF LOAN

\$

2,000.00

6. ANNUAL RATE OF INTEREST

N/A

%

7. TIME PERIOD OF LOAN (MONTH, YEARS, ETC.)

NONE

8. DESCRIBE REPAYMENT SCHEDULE (MONTHLY, SEMI-ANNUALLY, ETC.)

NONE

II. SCHEDULE OF REPAYMENT (PAYMENT MADE OR CREDIT RECEIVED)

1. DATE OF PAYMENT
OR CREDIT

2. NAME AND ADDRESS OF LENDER

3. AMOUNT OF PAYMENT
OR CREDIT

4. TOTAL PAYMENT OR CREDIT ON LOANS THIS PERIOD (SUM ITEM 3)

\$

5. AMOUNT OF ITEM 4 THAT WAS PAYMENT MADE

\$

6. AMOUNT OF ITEM 4 THAT WAS CREDIT RECEIVED

\$



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
 Instructions on Reverse Side

Office Use Only

1. Name of Committee ATKINSON FOR CITY COUNCIL		2. Report Date 3/26/2012	
A. Expenditures of \$100 or Less by Category (List Payments to Campaign Workers in Section B Below)			4. Amount Paid or Incurred This Period
3. Category of Expenditure View Supplemental Form(s)			
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)			\$ 0.00
6. Subtotal: Non-Itemized Expenditures Any Attached Pages			+ 191.80
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 191.80
B. Itemized Expenditures All Over \$100 And All Payments To Campaign Workers			
8. Name and Address of Recipient	9. Date	10. Purpose - (If Payment was to a Campaign Worker, Show Aggregate Paid)	11. Amount This Period
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
12. Subtotal: This Page (Sum Column 11)			\$ 0.00
13. Subtotal: Any Attached Pages			+ 5,401.77
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 5,401.77
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 5,593.57
16. Amount of Line 15 Above which was Paid Out This Period			\$ 5,593.57
17. Amount of Line 15 Which Were Expenditures Incurred This Period Including Payments Made by Credit Cards			\$ 0.00
18. If Committee Made Any In-Kind Expenditures This Period, List Amount			\$ 0.00
19. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II)			\$ 0.00
C. Contributions Made (Regardless of Amount)		21. Date	22. Amount
20. Name and Address of Candidate or Committee			
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
23. Subtotal: This Page (Sum Column 22)			\$ 0.00
24. Subtotal: Any Attached Pages			\$ 0.00
25. Total: Monetary Contributions Made This Period		A. By Cash / Check	\$ 0.00
		B. By Credit Card	\$ 0.00
26. If Committee Made Any Loans This Period, List Amount			\$
27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26)			\$ 0.00
28. Total: In-Kind Contributions Made This Period, List Amount			\$ 0.00



2

NAME OF COMMITTEE ATKINSON FOR CITY COUNCIL		DATE 3/26/2012
EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP B)		AMOUNT PAID OR INCURRED THIS PERIOD
CATEGORY OF EXPENDITURE		
3/7/12 Fundraiser Balloons		\$ 24.88
3/7/12 Fundraiser Fliers		\$ 39.16
Supplies		\$ 39.83
Campaign Volunteer Food		\$ 36.05
Thank You Cards		\$ 20.93
Bank Checks		\$ 21.30
Sign Supplies		\$ 9.65
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL: ITEMIZED EXPENDITURES THIS PAGE		
(CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)		\$ --



MISSOURI ETHICS COMMISSION
ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE ATKINSON FOR CITY COUNCIL		REPORT DATE 3/26/2012	
ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS			
NAME AND ADDRESS OF RECIPIENT	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME: Emily Grace ADDRESS: 701 Cherry Street CITY/STATE: Columbia MO 65201	3/7/2012	Campaign Worker \$ 40.00	\$ <input checked="" type="checkbox"/> PAID 40.00 <input type="checkbox"/> INCURRED
NAME: Kyle Edmund ADDRESS: 124 S. 9th St. CITY/STATE: Columbia MO 65201	3/7/2012	Fundraiser Bartender \$	\$ <input checked="" type="checkbox"/> PAID 120.00 <input type="checkbox"/> INCURRED
NAME: American Printing & Promotions ADDRESS: 10388 Weeping Willow Dr. CITY/STATE: Sandy UT 84070	3/14/2012	Mailing \$	\$ <input checked="" type="checkbox"/> PAID 3,409.42 <input type="checkbox"/> INCURRED
NAME: Cross & Oberlie ADDRESS: 916 Byrd Ave CITY/STATE: Neenah WI 54956	3/14/2012	Campaign Signs \$	\$ <input checked="" type="checkbox"/> PAID 738.25 <input type="checkbox"/> INCURRED
NAME: Menards ADDRESS: 3340 Vandiver Dr. CITY/STATE: Columbia MO 65202	3/19/2012	Campaign Sign Supplies \$	\$ <input checked="" type="checkbox"/> PAID 127.95 <input type="checkbox"/> INCURRED
NAME: Universi-T's ADDRESS: 3503 Buttonwood CITY/STATE: Columbia MO 65201	3/9/2012	Campaign Yard Signs \$	\$ <input checked="" type="checkbox"/> PAID 966.15 <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS (CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			\$ --